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AF 11600 #

PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/719,662
Filing Date	January 30, 2001
First Named Inventor	Albert Z. ABRAM
Group Art Unit	1614
Examiner Name	C. Ostrup
Attorney Docket No.	468452000300

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Total Number Of Pages In This Submission

26

## ENCLOSURES (check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) - 2pgs.               | <input type="checkbox"/> Assignment Papers (for an Application)  | <input type="checkbox"/> After Allowance Communication to Group   |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input checked="" type="checkbox"/> Amendment / Reply - 12pgs. w/Appendix 1-5 and Exhibit A-C | <input type="checkbox"/> Licensing-related Papers  | <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) - 1pg.  |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declarations  | <input type="checkbox"/> Petition to Convert to a Provisional Application  | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request - 1pg.                          | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (Associate Power of Attorney) - 3pgs. | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1. Declaration of Ronald Harding (unsigned) - 6pgs.<br>2. Return receipt postcard. |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input type="checkbox"/> Information Disclosure Statement                                     | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                               | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application                    | Remarks  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53                  |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	J. David Smith, Reg. No. 39,839 Morrison & Foerster LLP 425 Market Street San Francisco, California 94105-2482
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Signature

J. David Smith

Date

May 1, 2003

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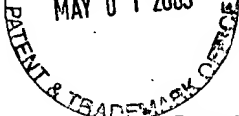
Scott Stewart

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sf-1494150

# FEE TRANSMITTAL FOR FY 2002

MAY 01 2003



Patent fees are subject to annual revision.

## Complete if Known

Application Number 09/719,662  
 Filing Date January 30, 2001  
 First Named Inventor Albert Z. ABRAM  
 Examiner Name C. Ostrup  
 Group Art Unit 1614  
 Attorney Docket No. 468452000300

TOTAL AMOUNT OF PAYMENT

(\$1,250.00

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

03-1952

Deposit  
Account  
Name

Morrison &amp; Foerster LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	740	201	370	Utility filing fee	
1002	330	206	165	Design filing fee	
1003	510	207	255	Plant filing fee	
1004	740	208	370	Reissue filing fee	
1005	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$0

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
33 - 33 =	0	x 18	= \$0
Independent Claims 4 - 4 =	0	x 84	= \$0

Multiple Dependent

= \$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	203	9	Claims in excess of 20	
1201	84	202	42	Independent claims in excess of 3	
1203	280	204	140	Multiple dependent claims, If not paid	
1204	84	206	42	**Reissue independent claims over original patent	
1205	18	210	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0

\*\* or number previously paid, if greater; For reissues, see above.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	205	65	Surcharge - late filing fee or oath	
1052	50	227	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	139	130	Non-English specification	
1812	2,520	147	2,520	For filing a request for ex parte reexamination	
1804	920*	112	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1251	110	215	55	Extension for reply within first month	
1252	400	216	200	Extension for reply within second month	
1253	930	217	465	Extension for reply within third month	930.00
1254	1,440	218	720	Extension for reply within fourth month	
1255	1,960	228	980	Extension for reply within fifth month	
1401	320	219	160	Notice of Appeal	320.00
1402	320	220	160	Filing a brief in support of an appeal	
1403	280	221	140	Request for oral hearing	
1451	1,510	138	1,510	Petition to institute a public use proceeding	
1452	110	240	55	Petition to revive - unavoidable	
1453	1,280	241	640	Petition to revive - unintentional	
1501	1,280	242	640	Utility issue fee (or reissue)	
1502	460	243	230	Design issue fee	
1503	620	244	310	Plant issue fee	
1460	130	122	130	Petitions of the Commissioner	
1807	50	123	50	Petitions related to provisional applications	
1806	180	126	180	Submission of Information Disclosure Stmt	
8021	40	581	40	Recording each patent assignment per properties (times number of properties)	
1809	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	740	279	370	Request for Continued Examination (RCE)	
1802	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1,250.00

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

J. David Smith

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(Attorney/Agent)

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Signature

Date

May 1, 2003

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